

Statement of Peter Szyrkowicz, DC, DACBSP, MS, ICCSP  
before the Children's Committee  
House Bill 6722  
February 17, 2015

February 15, 2015

Dear Members of the Committee on Children,

Please allow this letter to serve as my written testimony regarding **H.B. No. 6722 (Raised) An Act Concerning Concussions in Youth Athletics.**

I graduated from the New York Chiropractic College in December 1986 and have been involved in sports medicine since 1989. My experience with the examination and treatment of athletic injuries results from my involvement with The Nutmeg State Games, The Special Olympics 1995 World Games, NCAA division I and II colleges, high schools, recreational leagues, and gymnastics as well as martial arts schools.

I have been treating athletes at the University of Bridgeport as a member of the UB Sports Medicine Staff since July 2007. My role as Associate Professor of Clinical Services includes supervision and assessment of the intern's clinical skills. I direct, assist, and evaluate the intern's performance concerning patient histories, review of systems, physical examinations, formulation of diagnoses, and administration of clinically indicated treatment. The intern's clinical skills are further assessed through direct observation, performance during practicals, tutorials, and their presentation of clinical cases.

As a clinician, I not only supervise the treatment of patients by interns, but I am also charged with shaping their professional development in the areas of physical examination, analytical thinking, and differential diagnosis skills. Historically, the clinical education and training a chiropractic student receives enables a licensed chiropractic physician to perform a comprehensive, complete, patient physical examination, including neurological assessment and concussion evaluation.


Currently, the clinical training of the UBCC interns combines the ImPACT cognitive concussion management tool with the third edition of the Sports Concussion Assessment Tool (SCAT3/child SCAT3). Presently, UBCC is considering the implementation of the OPTO/Jump system, the Post-Concussion Symptom Scale, and the Vestibular/ Ocular-Motor Screening (VOMS) into the standard concussion assessment performed in the outpatient clinic.

I am familiar with concussion research and literature reviews published since the 4<sup>th</sup> International Conference on Concussion in Sport, which was held in Zurich in November 2012. On page three of their 2014 paper titled *"Summarizing the findings of the International Collaboration on Mild Traumatic Brain Injury Prognosis"*, the authors (James Donovan, Carol Cancelliere, and J. David Cassidy) stated "... the WHO Task Force found the presence of spine and head-related pain to be significant determinants of prognosis after MTBI [3]. Chiropractors as well as other health practitioners may be well positioned to improve care for MTBI patients by reducing pain-related MTBI symptoms and in turn may help play an important role in lessening the burden of this growing public health concern."

At the 2014 CCA Fall Educational Conference, Dr. Spencer Baron (team chiropractor for the Miami Dolphins and Florida Marlins) conveyed the opinion of neurosurgeon Dr. Robert Cantu: "post-concussion symptoms of headache and irritability may be influenced by the anatomical relationship between the upper three cervical nerve roots and the trigeminal nucleus in the medulla oblongata of the brainstem and, therefore, any cervicogenic complaints must be removed".

Based upon the information I have provided, it is my opinion that chiropractic physicians are qualified to examine and treat concussion injuries, should be included in all concussion policy decisions, and should be recognized as health care providers who can determine the return to play status of an athlete.

Respectfully Submitted,

  
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